



Statement by  
James T. Morris  
Executive Director  
World Food Program

to the

United States House of Representatives  
Committee on International Relations  
Subcommittee on Africa, Global Human Rights  
and International Operations

Hearing  
**The World Hunger Crisis**

May 25, 2006  
Washington, D.C.

Mr. Chairman,  
Distinguished Representatives,  
Ladies and Gentlemen,

I was in Africa a few weeks ago together with Ann Veneman, the Executive Director of UNICEF and Antonio Guterres, the Executive Director of UNHCR. We visited the Democratic Republic of Congo, Rwanda and Burundi. Right after, I headed to Kenya, where prolonged drought is menacing the lives of the poor. It has already devastated farms and killed thousands of cattle. The question is: Will it claim the lives of children next?

Few experiences have changed my life more than holding an acutely malnourished child in my arms, as I did in Kenya. To hold in my arms a one year old girl who weighs little more than an average newborn in the United States unleashes a tide of emotions. One can't help but feel grief for this child's pain; shame that this should be allowed to happen in the 21<sup>st</sup> century; anger that this child will not be the last to suffer this fate.

In fact, 18,000 children will not make it through today. Their tiny bodies will succumb to months and years of not getting the nutrition they needed to survive. Millions more will have their growth stunted forever, their minds dulled by malnutrition and their futures limited to a life of poverty and ignorance.

When we talk of deaths from hunger, scenes from drought in East Africa and conflict in Darfur come quickly to mind.

In these places, we face decisions that would make even King Solomon pause. Two weeks ago, we simply did not enough food or money soon enough for Darfur. We were forced to make one of the hardest decisions ever: do we halve the number of people we help, or do we try to give all of the people half the food they need?

Thankfully, the US has come to our rescue. In addition to announcing the emergency dispatch of five vessels and expediting procurement of 40,000 MT sorghum for Darfur, President Bush has asked Congress for \$225m in emergency supplemental funding for Sudan. This assistance would be very welcome and would help us start increasing rations again next month for millions of people in Darfur. However, it takes on average 4-6 months for a confirmed donor pledge to arrive and be distributed in Darfur, so we really hope that funds will be approved quickly, before it is too late for the smallest and weakest people in Darfur.

Other donors, including the European Commission, Canada and the Sudanese Government have also pledged to help. Next week I will be in Sudan to discuss with all of the players how to fund the huge needs there.

WFP – and the people caught in these terrible crises – have much to thank the United States for. In Darfur and East Africa, food aid worth US\$552 million from the United States is keeping 12 million people alive. Truly, your support is miraculous.

The OECD reckons that international aid was higher in 2005 than in any year in history. Industrialized countries gave US \$107 billion in foreign aid.

Last year, WFP provided food assistance to 97 million people in 83 countries. The United States was yet again our biggest supporter. All told, we raised US\$2.8 billion – and more than US \$1.2 billion of that came from the US – from our friends at USAID, at USDA and State Department. It's a record amount. And we really appreciate it. Almost one in every two people that WFP helps is fed thanks to the United States. At the same time as the US gave us more money than any other year in our history, it was the smallest share of our income from the US in 5 years – 44 percent. Other countries are picking up more of the burden. And the number of countries donating to our work has grown from 56 in 2001 to 80 last year.

But the need for food aid still outstrips the resources available and donors have not given it the priority it deserves as they increase foreign aid. We need a "food first" policy. What is the point of investing in long-term economic aid when people are starving?

Last year we hit another record – but this time a record low. Just 57 percent of our needs for emergency operations – like Darfur and East Africa – were funded. And as we saw in those places, a lack of funds leads to ration cuts.

We started the 2006-2007 biennium with a program of work valued at US\$6.4 billion – this is how much we needed to raise to meet the assessed needs of the beneficiaries of the programs and operations approved by our Executive Board. In just the first 3 months of this year, that amount had increased by more than \$320 million, mainly because of the drought crisis in the Horn of Africa.

Last year we reached 41 million people in Africa, including 19 million young people – and this year our target already exceeds 50 million. If I count just our most urgent needs on the continent – those where rations have been or are about to be cut – we are looking at a shortfall of more than \$1.4 billion. Tens of millions of very poor, very hungry people are counting on us to find that money before it is too late.

With generosity at historically high levels, it is hard to understand why 15 million children who need WFP's help to survive, to grow, to go to school are going to be left wanting this year. Roughly one in four children under the age of five in Africa is undernourished – but currently WFP is reaching just one in 20.

Worldwide, there are roughly 100 million hungry children who get next to no assistance at all from anyone. To give them and their mothers a very basic package of food, nutrition and basic health care, we've calculated would cost something in the vicinity of US \$5 billion a year. That's almost the same amount as Congress has appropriated to assist 7 million American women and infants through the WIC program in FY 2005. WIC is one of the most effective programs in history and has the strongest bipartisan support. If that investment in America's poor mothers and children was worth making, why not reach out to all who need our help?

I have to believe it comes down to a question of priorities. Who should we put first when deciding the aid budget? From all that I have seen and learned, it simply must be mothers and children – and their most urgent need for food, water, education and health care must come before anything else. Priority has to go to the hungriest people in the poorest

places before they become the victims of emergencies. As grateful as we are for the US coming to our rescue with supplemental bills, it would be much more effective if we were managing risks better and developing more flexible tools to respond – just as you already do at home.

The vast majority of the children who will die today from hunger and related causes won't perish in a high-profile emergency. They'll pass, unnoticed by anyone other than their families and neighbors, in squalid slums or in remote dusty villages.

If they do survive, their lives will have changed forever. Take the story of four year old Marie Carmel, from Haiti, as an example. Her black curly hair is tinged with red, a tell-tale sign of malnutrition. Her eyes are empty – four months ago a chronic lack of vitamin A left her completely blind. Two of her siblings died and two were given away, simply because her mother could not feed them. Marie Carmel and her mother now survive on the monthly rations of rice, beans, oil and iodized salt, handed out at a health centre north of the Haitian capital, Port-au-Prince. Did little Marie really need to go blind from malnutrition in 2006?

Increasingly, many of the world's 300 million hungry children have been touched in some way by HIV. Perhaps they're trying to care for sick parents. Perhaps their parents have died from AIDS, leaving them in the care of poor grandparents or abandoned to their own devices on the streets. Perhaps they themselves are HIV positive. One thing is almost certain – if they had trouble getting enough to eat before HIV devastated their lives, they're going to find it much, much harder once AIDS grips their existence. Without a healthy diet, their fight to survive this plague is being fought with one hand tied behind their backs.

I have seen this more times than I care to remember in southern Africa, where average life expectancy has plunged to less than 35 years of age in some of the worst-hit countries. Children as young as 12 are caring for sick parents and their siblings. They're doing their best to grow food and earn a living, but sometimes that means they take risks that threaten their own health and safety.

The President's Emergency Plan for AIDS Relief has done so much to bring care and treatment to the 40 million people worldwide who live with HIV. It has reached out to more than a million orphans and vulnerable children. We must consider ways to ensure that the nutritional needs of people affected by HIV are taken into consideration: so that they're well-nourished enough to benefit from antiretroviral treatment; so that their children can still go to school, instead of working to put food on the table; so that HIV-positive mothers can give birth to healthy babies.

No American doctor in his right mind would provide antiretroviral treatment to someone without ensuring that they were sufficiently well nourished to withstand the side effects and absorb the medication. Not a single baby was born with HIV in the United States last year. Not one. Yet elsewhere in the world, close to 1,800 babies inherit HIV from their mothers every single day. Less than 10 percent of the world's HIV-positive mothers have access to programs that prevent them from transmitting the virus to their children.

Just as HIV and AIDS impact on numerous aspects of peoples' lives – on their food security, on their incomes, on social services, health and education – our response must be equally dynamic. A comprehensive and

sound medical approach, that encompasses the food and nutrition needs of people affected by HIV, is needed. I urge Congress to support it.

What I'm asking is that we apply the same standards of care for all of the world's children, as you would to your own. We don't stand by and allow children to die from hunger in the United States. We don't try to give antiretroviral treatment to malnourished patients without meeting their nutritional needs. We don't allow mothers to pass HIV to their babies. We don't allow hunger and poverty to keep children out of school. We don't cut food rations for the victims of emergencies.

There is another emotion which overcomes me when I hold malnourished children who receive WFP's help – your help. That emotion is hope. Hope that one day soon we will care for these children as if they were our own. That they would have enough to eat and an opportunity to go to school – just like my own children and grandchildren did.

When that happens, surely child hunger will be a phenomenon to be studied in history class, not a matter for the nightly news.

>>><<<